



DTDC Express Limited
 Regd. Office: No-3, Victoria Road
 Bengaluru - 560047

ORIGIN DEST. N. Delh
POUCH NO. DATE 04/11/23

Consignment Note / Subject to Bengaluru Jurisdiction.

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or its channel partner as the case may be upon request.

1 **Consignor Name:** Sh. Hem Raj Saini
Company Name & Address: DCDC. C.H. NARANDE
 State: _____ PIN Code: 123007

2 **Recipient's (Consignee) Name:** Priyanka Ajeet Singh
Company Name & Address: DCDC Health Services
 City: Delhi State: _____ PIN Code: 110064

3 **Sender's GSTIN*:** _____
*Where Applicable

3 Nature of consignment <input checked="" type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/>		Total Num Pcs:
DIM 1: L cm X B cm X H cm X Pcs	Actual Wt.: kg	
DIM 2: L cm X B cm X H cm X Pcs	Volumetric Wt.: kg	
DIM 3: L cm X B cm X H cm X Pcs	Chargeable Wt.: kg	

4 **Description of Content** Total Value of consignment for carriage / E-Way bill
 ₹ _____

5 **Paper Work Enclosures**

10 **I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting**

9 **Charges** Amount (₹)

a) Tariff (incl. Of FSC + Taxes)	
b) Risk Surcharge	
c) Total amount (a+b)	<u>150/-</u>

Above charges are inclusive of GST & other taxes, if applicable

6 **Type of consignment Commercial Non Commercial** 7 **Value Added Services** Not Available **CN Expiry Date** _____

8 **Mode Surface Air Cargo Express**
Consignment Number: W13307586

Sender's Signature & Seal
 Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

11 **Booking Branch / Franchisee Code**
 Courier Signature _____

12 **Risk Surcharge**
 Owner _____
 Carrier _____